

2018 UDS Clinical Quality Measures Criteria

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2018 Report)	2017 National Average	Major Differences from 2017 to 2018	Major Differences from UDS to eCQM	Reminders
6B	7-9	Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester	Women seen for prenatal care during the year	Women beginning prenatal care at the health center or with a referral provider, or with the another prenatal care provider during their first trimester	None	no eCQM	74%	None	None	<ul style="list-style-type: none"> • Trimester of entry is based on last menstrual period (vs. conception) <ul style="list-style-type: none"> • 1st trimester is through end of 13th week • 2nd trimester is start of 14th week to end of 27th week • 3rd trimester starts at 28th week • If you referred women to other providers for all their prenatal care, report the trimester of their first prenatal visit with the other provider in Column A • Include women who began prenatal care in 2017 and delivered in 2018
6B	10	Childhood Immunization Status	Percentage of children 2 years of age who were fully immunized by their second birthday	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period	Children who were fully immunized before their second birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of history of illness, or a seropositive test result, or an allergic reaction for ALL of the following: 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 Hepatitis B (Hep B); 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV); 1 Hepatitis A (Hep A); 2 or 3 rotavirus (RV); and 2 influenza (flu) vaccines)	Patients who were in hospice care during the measurement period	CMS117v6	40%	Exclusions = <ul style="list-style-type: none"> • Now excludes patients in hospice care 	None	<ul style="list-style-type: none"> • Record must list the dates of all immunizations and names of immunization agents • Good faith efforts do not meet the measurement standard, including: <ul style="list-style-type: none"> • Failure to bring patient in • Refusal for personal or religious reasons • Be sure to assess patients: <ul style="list-style-type: none"> • Who turned two during the year (do not include other ages), even if they were not seen before they turned two • Whose only medical visit is for acute or urgent care
6B	11	Cervical Cancer Screening	Percentage of women 21*–64 years of age who were screened for cervical cancer (*Use age 23 as the initial age to include in the assessment)	Women 23 through 64 years of age with a medical visit during the measurement period	Women with one or more screenings for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> * Women age 23-64 who had cervical cytology during the measurement period or the 2 years prior to the measurement period * Women age 30-64 who had cervical cytology/human papillomavirus (HPV) during the measurement period or the 4 prior years to the measurement period 	<ul style="list-style-type: none"> • Women who had a hysterectomy with no residual cervix • Women who were in hospice care during the measurement period 	CMS124v6	56%	Exclusions = <ul style="list-style-type: none"> • Now excludes patients in hospice care 	None	<ul style="list-style-type: none"> • Documentation in the medical record must include date of test, who performed it, and test result • Do not count in the numerator: <ul style="list-style-type: none"> • Referrals to third parties without documentation of results • Statements from patient that it was done—without documentation • Refusal of patient to have the test • Include women in the evaluation of this measure if they had any medical visit during the year, regardless of the nature of the visit • Include patients who were provided obstetrics / gynecological services elsewhere

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6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3 -17 years of age who had an outpatient medical visit and who had: <ul style="list-style-type: none"> evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period 	Patients 3 through 17 years of age with at least one medical outpatient visit during the measurement period	Patients who had: <ul style="list-style-type: none"> Their BMI percentile (not just BMI or height and weight) recorded during the measurement period AND Who had documentation of counseling for nutrition during an outpatient visit the measurement period AND Who had documentation of counseling for physical activity during a an outpatient visit that occurs during the measurement period 	Patients who have a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period	CMS155v6	66%	Denominator = <ul style="list-style-type: none"> Revised so must be an outpatient visit Exclusions = <ul style="list-style-type: none"> Now excludes patients who were in hospice care 	<ul style="list-style-type: none"> eCQM denominator is limited to outpatient visits with a primary care physician or obstetrician / gynecologist. UDS includes children seen by nurse practitioners and physician assistants Numerator BMI, nutrition, and activity are reported separately in the eCQM, but combined in the UDS 	<ul style="list-style-type: none"> Include children and adolescents in the evaluation of this measure if they had any medical visit with the health center during the year Do not count well-child visits as automatically meeting the measurement standard

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6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with BMI documented during a visit in the measurement period or within the 12 months prior to that visit and when the BMI is outside of normal parameters a follow-up plan is documented during the visit or during the previous 12 months of that visit	Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period	Patients with a documented BMI (not just height and weight) during the most recent visit in the measurement period or during the previous 12 months of that visit, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit. Normal parameters: Age 18 years and older BMI was greater than or equal to 18.5 and less than 25 kg/m ²	<ul style="list-style-type: none"> • Patients who are pregnant during the measurement period • Patients receiving palliative care during or prior to the visit • Patients who refuse measurement of height and/or weight, or refuse follow-up during the visit • Patients with a documented medical reason during the visit or within 12 months of the visit, including: <ul style="list-style-type: none"> • Elderly patients for whom weight reduction/ weight gain would complicate other underlying health conditions • Patients in an urgent or emergent medical situation 	CMS69v6	64%	Numerator = <ul style="list-style-type: none"> • BMI, and counseling as appropriate, must now occur during the most recent visit or during the previous 12 months of that visit 	None	<ul style="list-style-type: none"> • Include adults in the evaluation of this measure if they had any medical visit during the year, regardless of the nature of the visit
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if defined as a tobacco user	Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period	Patients who were screened for tobacco use at least once within 24 months before the end of the measurement period, AND who received tobacco cessation intervention starting concurrent with or after the most recent tobacco screening if identified as a tobacco user	Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention	CMS138v6	88%	None	<ul style="list-style-type: none"> • Denominator and numerator are reported separately in the eCQM, but combined in the UDS 	<ul style="list-style-type: none"> • Count in the numerator both patients with a negative screening result AND those with a positive screening who had cessation services provided • Include all forms of tobacco, but exclude e-cigarettes, in the screening • Tobacco cessation services include patients who: <ul style="list-style-type: none"> • Received tobacco use cessation counseling services, or • Received an order (a prescription or a recommendation to purchase an over the counter [OTC] product) for a tobacco use cessation medication, or • Are on (using) a tobacco use cessation agent

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6B	16	Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and who were appropriately ordered medication during the measurement period	Patients age 5 through 64 years with persistent asthma with a medical visit during the measurement period	Patients who were ordered at least one prescription for a preferred therapy during the measurement period	Patients with a diagnosis of emphysema, chronic obstructive pulmonary disease, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period	CMS126v5	87%	None	Note: eCQM is no longer electronically specified	<ul style="list-style-type: none"> Preferred therapy includes patients who: <ul style="list-style-type: none"> Received a prescription for or were using an inhaled corticosteroid, or Received a prescription for or were using an acceptable pharmacological agent, specifically inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, or methylxanthines Query system to identify only those patients with persistent asthma (not mild or intermittent asthma)
6B	17	Coronary Artery Disease (CAD): Lipid Therapy	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy	Patients 18 years of age and older who had an active diagnosis of CAD at any point during the year or diagnosed as having had a myocardial infarction (MI) or had cardiac surgery in the past, with at least one medical visit during the measurement period and had at least two medical visits ever	Patients who received a prescription for or were provided or were taking lipid-lowering medications during the measurement period	<ul style="list-style-type: none"> Patients whose last low-density lipoprotein (LDL) lab test during the measurement year was less than 130 mg/dL Patients with an allergy to, a history of adverse outcomes from, or intolerance to LDL-lowering medications 	no eCQM	81%	None	None	<ul style="list-style-type: none"> Evaluate patients with CAD with no record of LDL lab test to see if they met the measurement standard Do not count patients who are receiving a form of treatment other than pharmacologic treatment (e.g., therapeutic lifestyle changes) as meeting the measurement standard

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6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period	Patients 18 years of age and older with a medical visit during the measurement period and who had an AMI, CABG, or PCI in the 12 months prior to the measurement period or who had a diagnosis of IVD at some point in time during the measurement period	Patients who had an active medication (use) of aspirin or another antiplatelet during the measurement period	<ul style="list-style-type: none"> Patients who had documentation of use of anticoagulant medications at some point in time during the measurement period Patients who were in hospice care during the measurement period 	CMS164v6	79%	Exclusions = <ul style="list-style-type: none"> Now excludes patients in hospice care 	None	<ul style="list-style-type: none"> Include in the numerator patients who received a prescription for, were given, or were using aspirin or another antiplatelet drug
6B	19	Colorectal Cancer Screening	Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer	Patients 50 through 75 years of age with a medical visit during the measurement period	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following: <ul style="list-style-type: none"> fecal occult blood test (FOBT) during the measurement period fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period colonoscopy during the measurement period or the 9 years prior to the measurement period 	<ul style="list-style-type: none"> Patients with a diagnosis of colorectal cancer or history of total colectomy Patients who were in hospice care during the measurement period 	CMS130v6	42%	Numerator= <ul style="list-style-type: none"> Now also includes FIT-DNA during the measurement period or the 2 years prior to the measurement period Now also includes CT colonography during the measurement period or the 4 years prior to the measurement period Exclusions = <ul style="list-style-type: none"> Now excludes patients in hospice care 	None	<ul style="list-style-type: none"> There are two FOBT test options: Guaiac fecal occult blood test (gFOBT) and the immunochemical-based fecal occult blood test (iFOBT - commonly known as a FIT test)

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6B	20	HIV Linkage to Care	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis	Patients first diagnosed with HIV by the health center between October 1 of prior year through September 30 of the current measurement year, and had at least one medical visit during the measurement period or prior year	Newly diagnosed HIV patients that received treatment within 90 days of diagnosis. Include patients who: <ul style="list-style-type: none"> • Were newly diagnosed by your health center providers, and • Had a medical visit with your health center provider who initiates treatment for HIV, or • Had a visit with a referral resource who initiates treatment for HIV 	None	no eCQM	85%	None	None	<ul style="list-style-type: none"> • Only include patients in the denominator who have never before been diagnosed with HIV anywhere • Note that the identification of patients for this measure crosses years and may include prior year patients • To confirm HIV diagnosis, patient must receive a reactive initial HIV test confirmed by a positive supplemental HIV (blood) test • Medical treatment must be initiated within 90 days of HIV diagnosis (not just a referral made, education provided, or retesting conducted)
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen	Patients aged 12 years and older with at least one medical visit during the measurement period	Patients screened for depression on the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen	<ul style="list-style-type: none"> • Patients with an active diagnosis for depression or a diagnosis of bipolar disorder • Patients who refuse to participate • Patients who are in urgent or emergent situations • Patients whose functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools 	CMS2v7	66%	None	None	<ul style="list-style-type: none"> • Patients who are in ongoing treatment for depression are not included in the denominator • Note: PHQ-9 (patient health questionnaire) or another form of further screening as follow-up from a positive PHQ-2 is permitted • Remember to count in the numerator both patients with a negative screening result AND those with a positive screening who had a follow-up plan

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6B	22	Dental Sealants for Children between 6-9 Years	Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period	Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation dental visit and are at moderate to high risk for caries in the measurement period	Children who received a sealant on a permanent first molar tooth during the measurement period	Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing)	CMS277v0	51%	None	Note: Although measure title is age 6 through 9 years, draft e-CQM reflects age 5 through 9 years —Health centers should continue to use age 6 through 9 years, as measure steward intended	<ul style="list-style-type: none"> • Include patients who had a dental visit with the health center or with another dental provider through a paid referral • You must determine risk level, not count all dental patients of this age range in universe • Risk level is a finding at the patient-level, not a population-based factor such as low socio-economic status • If risk level or tooth placement is unknown for patients, pull a sample to help identify this information
7	1a-1d	Low Birth Weight	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)	Babies born during measurement period to prenatal care patients	Babies born with a birth weight below normal (under 2,500 grams)	Still-births or miscarriages	no eCQM	8%	None	None	<ul style="list-style-type: none"> • Report babies according to their birth weight in grams: <ul style="list-style-type: none"> • Very low (Column 1b) = Less than 1,500 grams • Low (Column 1c) = 1,500 grams through 2,499 grams • Normal (Column 1d) = 2,500 grams or greater • The higher the percentage of babies born below normal birth weight, the poorer the outcome • Report race and ethnicity of mother and baby separately • Report all live births separately by birth weight • Report mothers in prenatal program and their babies, even if prenatal care or delivery was done by a non-health center provider • Prenatal Women ≠ Deliveries ≠ Birth Outcomes • Review outcomes against overall patient population mix

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7	2a-2c	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mmHg) during the measurement period	Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period with a medical visit during the measurement period	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	<ul style="list-style-type: none"> Patients with evidence of end-stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period Patients with a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period 	CMS165v6	63%	Exclusions = <ul style="list-style-type: none"> Now excludes patients in hospice care 	None	<ul style="list-style-type: none"> Do not include patients in the denominator if initial diagnosis of hypertension was made after June 30th of measurement period Include patients with no test during the year in the denominator, but do not include in the numerator <ul style="list-style-type: none"> Report them in Columns 2a and 2b, but not in Column 2c Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit Review crude prevalence rates by taking number with hypertension by race and ethnicity (Table 7) divided by total patients of same race and ethnicity (Table 3B)
7	3a-3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Patients 18 through 75 years of age with a medical visit during the measurement period	Patients whose most recent HbA1c level during the measurement year is greater than 9.0 percent or who had no test conducted during the measurement period	<ul style="list-style-type: none"> Patients with a diagnosis of secondary diabetes due to another condition Patients who were in hospice care during the measurement period 	CMS122v6	33%	Exclusions = <ul style="list-style-type: none"> Now excludes patients in hospice care Numerator = <ul style="list-style-type: none"> HbA1c <8% is no longer reported. Now only report most recent HbA1c levels >9% or if no test conducted during the year 	None	<ul style="list-style-type: none"> Include patients with Type 1 or Type 2 diabetes Include patients with active diabetes regardless of when first diagnosed Note: The higher the percentage of patients with Hba1c of 9 percent or over, the poorer the clinical performance Review crude prevalence rates by taking number with diabetes by race and ethnicity (Table 7) divided by total patients of same race and ethnicity (Table 3B)

Web link reference: <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms/2018-performance-period-epec-ecqms>